

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091736 019

FILING DATE
1-5-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
(2)	1					
3						
4	1					
5						
6	1					
7						
8	1					
9						
10	1					
11						
12	1					
13						
14	1					
15						
16	1					
17						
18	1					
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(20)	1					
(21)	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	21					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

AVAILABLE COPY

BEST AVAILABLE COPY